Performance of RMRC, Dihrugarh

S191. SHRI N. GIRI PRASAD: Will the PRIME MINISTER be pleased to state:

(a) the details of the present sanctioned as well as the actual strength of the staff of Regional Medical Research Centre, Dibrugarh (RMRC) set up by Indian Council of Medical Research (ICMR), designation-wise;

(b) the details of the staff position at the said RMRC, designation-wise afongwih the names of persons who are from outside the North Eastern States;

(c) the details of the amount spent by ICMR on the said RMRC since its inception, year-wise break-up;

(d) the details of research facilities presently available in the said RMRC, facility-wise;

(e) details of the project /achievements of the said RMRC since its inception, year-wie-

(f) whether performance of the said RHRC is below par in comparision to other *such centres* set up by ICMR if So, what steps ICMR Prepose to improve its performance; and

(g) whether ICMR is incurring fresh capital expenditure on the said RMRC; if so, the details thereof; item-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SHLVERA): (a) The, total sanctioned Strength actual strength of staff in Regional Medical Research Centre (RMRC) at Dibrugarh, (under 'ICMR) is given in Note I appendex *(See* below).

(b) Name and designation of persons employed in RMRC, Dihrugarh, who are from out-side the North-Eastern States is as follows:

Sr. No.	Name & Designation
1	Dr. V.K. Srivastava, Director
2	Dr. N.S. Wairagkar, S.R.O.
3	Dr. H.K. Chaturvedi, S.R.O.
4	Dr. P.K. Mohapatra, S.R.O.
5	Dr. A. Prakash, S.R.O.
6	Dr. (Mrs.) Bhaskarni, S.R.O.
7	Dr. H.K. Nayak, S.R.O.
8	Dr. A.M. Khan, R.O.
9	Dr. K. Narain, R.O.

(c) Year-wise expenditure on RMRC, Dibrugarh may kindly be seen at Note-II. *(See* below).

(d) Note-Id may please be seen. *(See* below)

(e) Note-IV is appefidex please, *(See* below)

(f) The research issues at each4lMRC are different as the local health problems including their manegement are diffc-. rent. It would the refore not be strictly correct or logical to compare the performances of different RMRCs qualita-. tively.

(e) Yes, Sir. The first phase of construction of TRMRC complex at Dibrugarh has been completed. During the first pbase the administrative Mock, one laboratory block, animal house, guest 'Aouses, garage and residential quarters (Type-1.12 quarters, Type II.8 quarters, Type III-8 quarters) Type IV-8 quarters and Type V-3 quarters) have been constructed. The second phase of construction has also been approved. During the second phase one blopk laboratory, auditorium and canteen and residential quarters (Type 1-16 quarters. Type II-8 quarters, Type 111-18 quarters. Type IV-16 quarters) are proposed to be constructed. So far Rs. 4.69 crore has been spend under capital head.

Note-I

Sl. No.	Name of the Posts	No. of post sanctioned	Actual positioned strength	Remark
1	Director	1	1	
2	Deputy Director	1	1	
3	Asstt. Director	3	2	
4	Sr. Research Officer	8+1 (by assessment) —9	6+1 —7	
5	Research Officer	12	10	
6	Asstt. Research Officer	3	2 (The AROs has since be n abolished)	
7	Admin. Officer	1	1	
8	Section Officer	1	1	
9	Private Secretary	1	1	
10	Assistant	4	4	
11	Technical Assistant	1	1	
12	Research Assistant	1	1	
13	Statistical Assistant	1	1	
14	Computer Operator	1	1	
15	Lab. Technician	9	9	
16	Lab. Recorder (Chemistry)	1	1	
17	Upper Division Clerk	3	3	
18	Librarian	1	1	
19	Lower Division Clerk	2	2	
20	Telex Operator	1	1	
21	Filed Worker (Sr.)	2	2	
22	Pump Operator	1	1	
23	Gestetner Operator	1	1	
24	Driver	5	5	
25	Head Watchman	1	1	
26	Chowkidar	7	7	
27	Laboratory Attendant	7	7	
28	Animal Attendant	1	1	
29	Field Worker (Jr.)	2	2	
30	Peon	2	2	
31	Mali	1	1	
32	Sweeper	2	2	

Note-II

The details (year-wise) of amount spent (in Rs.) by ICMR on the Regional Medical Research Centre, Dibrugarh since the date of its inception.

Year	Heads of Accounts					
	Pay & Allowance	Other Charges	T.A.	Equipment	Capital**	Total
1982-83 . .	44,040.75	8,498.42	6,478.40	1,70,920.83	..	2,29,946.40
1983-84 . .	1,23,351.54	66,053.13	30,202.70	2,20,400.04	13,40,000.00	17,80,007.32
1984-85 . .	2,86,084.90	2,12,738.55	26,729.90	5,23,981.25	5,00,000.00	15,43,534.60
1985-86 . .	5,07,781.45	3,93,674.71	71,904.98	13,66,212.20	30,16,257.00	53,55,830.34
1986-87 . .	8,42,690.90	3,55,034.47	63,626.53	7,05,476.54	75,00,000.00	94,66,827.41
1987-88 . .	10,81,934.24	6,51,814.61	82,770.15	14,08,776.93	54,50,000.00	86,75,295.93
1988-89 . .	14,02,824.15	6,80,190.89	92,845.15	15,24,754.05	..	37,00,614.24
1989-90 . .	17,49,233.60	7,73,525.32	1,31,942.96	12,47,910.64	..	39,02,612.51
1990-91 . .	19,92,189.20	7,37,827.83	36,279.50	19,31,583.71	45,00,000.00	92,57,886.24
1991-92 . .	22,92,893.35	907,697.62	1,21,399.45	12,21,625.36	40,00,000.00	85,42,605.78
1992-93 . .	26,90,180.85	13,90,466.78	3,00,837.05	13,06,471.06	92,34,298.00	1,49,22,253.74
1993-94 . .	30,38,247.65	10,74,070.92	2,32,475.20	6,25,310.39	59,35,880.00	1,09,05,834.16
1994-95 . .	36,90,907.00	10,51,126.54	3,31,153.00	4,00,420.00	55,00,000.00	1,09,73,606,54
TOTAL : . .	1,97,42,269.40	83,02,709.79	15,88,644.93	1,26,53,856.00	4,69,76,435.00	8,92,63,905.21

**Release of capital grants is according to progress of work by CPWD.

Detailf of researdi Facilities pnsently available in RMRC facility-wise

1. Verology — Serodiagnosis of J. E. and DMgue virus detection in mosquito and anmal model (Antigen provided by NIV, time to time).

2. *Patrasitdlogy* — Diagnostic micros, copy, vitro, cultivation of Malaria,

3. *Elochemistry* — Facility for estima-tion of components of food micronutrient like la line, Iron, Electrophoretic separation of Protein, Haemaglobin.

4. *Cancer* — Carcinogenicity test in plant and prokaryotic model.

5. *Microbiology* — Culture isolation and ding sensilivity of bacterial isolates.

6. *Eutomology* — Collection, identi-fication, Cultivation and experimental use. of mosuito for Parasitic and Virus isolation,

7. Evidemiology — Epidemiological, demogrophic research.

8. co*mmunity Research* — Operational and Anthropological research.

***Note** IV*

Achieinmens of of the Regional Medical besearch Centre, Dibrugarh

The main health problems in the North Eastern Region relate to malaria, Japantie Encephalities, dengue, diarrheea parasltle infestations, drug abuse, cancer of nalopharynx, urolithiasis, iodine deficiemcy, nutritional, deficiency haemo-globirupathy and health problems amongst tea garden workers.

Tha Centre organised a regibnal semina,! during 1984 to identify and priorits the major health problems that the Centre should tackle. Based on its recomadations, the centre initiated researtl in the field of malaria, Japanese I hcephalitis, Haemoglobinopathy and allitd disorders and cancer of the nasophaynx Drug addiction and AIDS have besome a palpable problem in the regioti Specifically amongst the young.

Studies on malaria have aimed to identify the vector responsible for trans mission specially with reference to P. Falciparun malaria and its treatment. The Centre collaborates with the Mala ria and Research Centre, Delhi in plan ning studies on malaria. The RMRC participated in the DST sponsored project on insecticide impregnated bed net trial with success.

Repeated epidemics of Japanese En-cephalitis have been experienced in the region since 1976. The existence of pigs commoniy kept by the tribal population as a sourca of promoting transmission was studied with a view to evaluate JE activity and study sentinal pigs in the region. JE sere diagnosis is being attempted.

Nesopheryngeal cancer has been found to be the highest in the northJeastern region cjompared to other parts of the 'Country. A higber prevalence amongst the Naga population was observed. Smoked meat was increminated as a carcinogen Studies undertaken on sqot and smoked meat in collaboration with Cancer Research Institute, Bombay has shown the mutagenicity as tested amongst mice. Studies on EB virus have been,' initiated for .genome napping in collaboration with ICPO, New Delhi.

The North-Eastern Region has a num ber of people with haemoglobin abnorma lities and G-6PD enzyme deficiency Ha emoglobin' S was found amongst tea garden population whereas haemoglobin E was prevalent amongst the local inhab itants belonging to mongoloid ethnic stock. Extension projects have been car. ried out amongst the tribal population of Arunachal Pradesh at Itanagar. Tribals amongst the Nishis, Adis and Apatenis were studied for abnormal haemoglo"bin and G-6-PD deficiency which has impor tant implications in management of malaria.

Iodine deficiency with a 30—40 per cent prevalence of goitre has been reported from Dibrugarh Distt. An evaluation

of iodine content in salt at household level indicated a very low eve of iodine amongst the samples studied. Studies on thyroid honnone and growth and development amongst school children is proposed.

Drug uss specially intra-venous (IV) users are an important public health issue with an expected 1 per cent' level of abusers. The Centre has proposed to develop a network for providing'de-addiction programme facilities in collaboration with the All India Institute of Medical Sciences.

S.reening of 8000 persons revealed an infection rate of 0.75 per thousand screened in upper Assam. Six were scro positive. None of the 500 tea garden workers and 1500 members from IOC showed HIV infection. Surveys for knowledge and attitude related to AIDS amongst collegg students indicates a poor response.

Studies on indigBfflous plant have been! proposed in collaboration with RRL, Jorhat. Exchange of technical know-how and facilities would form an important component.

The Centre is interacting with other sister institutions and local scientists as well as ICMR institutes all over the country and plans to set up never and more advanced te:hniques for 'sero diag-nosis and investigations.

Similarly a wide net work of Nagaland, Manipur, Arunachal Pradesh, Mizoram and Assam has been covered to study the cases of nasopharyngeal cancer from the various medical colleges in the region. At Mizoram, 5 cases of nasopharyngeal cancer were seen attending the collabo-ratiag centre's hospital during 1987-88.

The Centre needs further strengthening through establishing links with national health infomatics cenntee eleotonic data pvpoouing ana documentation and en-haBcing supportive services for a more effective: project management.

The socio-political problems in the regitm inhibit extensive field surveys and movement of the research staff amongst the various states in the NE region.

The Centre has nine divisions at the Dibrugarh head-quarters office dealing with cancer biology, virology, immunology and pathology, biochemistry, epidemiology and statistics, clinical research, microbiology and haematology, Malario-logy and the library.

The Centre proposed to establish a core-group for facilitating collaboration! and interaction with the seven NE States. So as to provide them with information about RMRC's activities and facilities; and identify State problems where RMRC's tcchhical inputs would be of benefit,

Assistance to control T.B. in Andbra Pradesh

8192. SHRI T. VENKATRAM REDDY:

SHRI G. PRATHAPA REDDY: -WiU the PRIME MINISTER be pleased to state:

(a) whether Tuberculosis (TB) has broken out on a large scale in Andhra Pradesh;

(b) what assistance has been provided by the Central Government to control T.B, in Andhra Pradesh;

(c) whether this assistance has reached the State Government; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR; C. SILVERA): (a) No, Sir.

(b) During 1994-95 Central assistance under the programme to Andhara Pradesh was Rs. 272.56 lakhs.

(c) & (d) Yes, Sir. Details of Central assistance during 1994-95 under Na tional .Tuberculosis Control Programme